INANCING STATEMENT

LLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FIL Liz Watkins 615-315-6547	ER (optional)			
B. E-MAIL CONTACT AT FILER (optional)			
C. SEND ACKNOWLEDGMENT TO: (Nan	ne and Address)	FILING NUI	MBER: 14-0032743660	ס
Liz Watkins		DOCUMENT N	UMBER: 572500610003	
9009 Carothers Parkway		FILED: Texas	Secretary of State	/ean wen en NA
Franklin, TN 37067		IMAGE GENE	RATED ELECTRONICALLY SPACE IS FOR FILING OFF	ICE USE ONLY
USA				
DESTOR'S NAME - Provide only <u>one</u> Debtor n Debtor's name will not fit in line 1b, leave all of ite	ame (1a or 1b) (use exact, full name; do not o m 1 blank, check hereand provide the ind	mit, modify, or abbrevia fividual Debtor informatio	te any pan of the Debtor's name on in Item 10 of the Financing St	alement Addendum (Form
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Reagor-Dykes Amarillo,			1 3 5 5 6 7 7 7 7 5 1 7 1 5 1 5 1 5 1 5 1 5 1 5 1	SUFFIX
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SULLIV
The state of the s	والمراورة	STATE	POSTAL CODE	COUNTRY
Ic, MAILING ADDRESS	Amarillo	TX	79109	USA
4710 Canyon Drive DEBTOR'S NAME - Provide only one Debtor in	Amarino			
2. DEBTOR'S NAME - Provide only one Debtor of Debtor's name will not fit in line 2b, leave all of Itu JCC1Ad) 2a. ORGANIZATION'S NAME	em 2 blank, check here i and provide the inc	olyiqda: Deniol mornau	Of MITTER POST MEDITAL SECTION OF	and the second s
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
2c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of AS	PIONE - LACCIONOD SECURED BASTV	Provide only one Section	ed Party name (3a or 3b)	<u> </u>
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3a, ORGANIZATION'S NAME	TIC			
Ford Motor Credit Con	FIRST PERSONAL NAME	(ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		12 (o anz(z), a a a a a a	
	CITY	STATE	POSTAL CODE	COUNTRY
BC, MAILING ADDRESS P. O. Box 680020	Franklin	TN	37068-0020	USA
4. COLLATERAL: This financing statement cov			<u></u>	<u> </u>
This financing statement covers the follow owned or hereafter acquired by debtor(s): Equipment, furniture, machinery, demons other goods of every kind. Motor vehicles, tractors, trailers, impleme other inventory of every kind and any accounts, instruments, chattel paper, ger documents and supporting obligations the Fixtures located at the above address an above debtor conducts business now or	ving types (or items) of collateral now trators/service vehicles, supplies and ints, service parts/ accessories, lessions thereto. The real intangibles, contract rights, ereto. In a real any other address from which the			
5. Check only if applicable and check only one box. C 6a. Check only if applicable and check only on Public-Finance Transaction 7. ALTERNATIVE DESIGNATION (if applicable)	in hav	smitting Utility L Agricu	Iltural Lien Non-UCC Filing	

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
Ford Motor Credit Company 615-315-2575	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
 Ford Motor Credit Company	
P O Box 680020, MD 610	
Franklin, TN 37068	
USA	

FILING NUMBER: 10-0029340403 FILING DATE: 10/11/2010 02:04 PM DOCUMENT NUMBER: 333650940003 FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	Reagor Dykes A	Auto Company, L.P.				
OR	16. INDIVIDUAL'S LAST NAM	É	FIRST NAME	MIDDLE NAMI		SUFFIX
MAILING ADDRI		and the second s	Plainview	STATE	POSTAL CODE 79072	COUNTRY USA
TAX ID#; SSN OI	R ADD'L DEBTOR INFO RE ORGANIZATION DEBTOR	ne. TYPE OF ORGANIZATION Limited Partnership	16 ORG JURISDICTION TX	1g, ORG, ID# 8012220 NONE	' I	
ADDITIONAL	L DEBTOR'S EXACT FUI 2a. ORGANIZATION'S NAME	LL LEGAL NAME - insert only <u>one</u> d	ebtor name (2a or 2b) -	do not abbrev	viate or combine nam	es
OR	26. INDIVIDUAL'S LAST NAM	E	FIRST NAME	MIDDLE NAM	 	SUFFIX
MAILING ADDR	ESS	and the state of t	CITY	STATE	POSTAL CODE	COUNTRY
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SECURED F	PARTY'S NAME (or NAM Ba. ORGANIZATION'S NAME	E of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only on	e secured pa	ty name (3a or 3b)	
	1	edit Company LLC				
OR	ЗЬ. INDIVIDUAL'S LAST NAM	E	FIRST NAME	MIDDLE NAM	Ē	SUFFIX
MAILING ADDR	ESS 580020, MD 610		Franklin	STATE TN	POSTAL CODE 37068	COUNTRY USA
nis financing : vned or here w motor veh fillate or subs ccessories ar ecured Party! ccessories the	statement covers the follo after acquired by debtor(s idles manufactured or dis idiary of Ford Motor Corn did replacement of or for as security interest in a par ereto, all replacements the payment in full to the Se	stributed by Ford Motor Company or рапу.	by any			
such venici						

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Andrea Rachelle Walker 6153152432	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Andrea Rachelle Walker 9009 Carothers Pkwy MD 610 Franklin, TN 37067 USA	

FILING NUMBER: 14-00327385 FILING NONBERT 14-00327-000
FILING DATE: 10/14/2014 02:28 PM
DOCUMENT NUMBER: 572488710002
FILED: Texas Secretary of State
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	AL FINANCING STATEMENT FILE NUMBER 1029340403	1b. This FINANCING STATE	MENT AMENDMENT is to be um (Form UCC3Ad) and prov	tited [for record] (or recorderide Debtor's name in item 13	d) in the REAL ESTATE REC	CORDS.
2 T T	ERMINATION: Effectiveness of the Financing S	Statement identified above is termina	ated with respect to the securi	ty interest(s) of the Secured	Party authorizing this Termin	ation Statement
3. T. A For parti	ASSIGNMENT (full or partial): Provide name of A at assignment, complete item 7 and 9 and also indica	ssignee in item 7a or 7b <u>and</u> addres te affected collateral in item 8	s of Assignee in Item 7c <u>and</u>	also name of Assignor in iter	n 9.	againe and a second of the second
	ONTINUATION: Effectiveness of the Financing al period provided by applicable law	Statement identified above with re-	spect to the security interest(s	s) of Secured Party authorizing	ng this Continuation Stateme	nt is continued for the
	PARTY INFORMATION CHANGE:	استو				
	one of these two boxes. This Change a					
厂 ₇₈	HANGE name and/or address: Complete a or 7b <u>and</u> item 7c	e item 6a or 6b; and item	ADD name: Com and item 7c	plete item 7a or 7b,	DELETE name: to be deleted in	Give record name item 6a or 6b.
	RRENT RECORD INFORMATION: Comp 6a. ORGANIZATIONS NAME	lete for Party Information Change -	provide only <u>one</u> name (6a or	6b)	and the second seco	ann de sel man de senage de service de la company de service de la company de service de la company de la comp
OR	66. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INIT	IAL(S)	SUFFIX
7. CH	ANGED OR ADDED INFORMATION: C	emplete for Assignment or Party Info	ormation Change - provide on	ly <u>one</u> name (7a or 7b) (use	exact, full name; do not omit	modify, or abbreviate any
part of I	he Debtor's name) 7a. ORGANIZATION'S NAME		mandamicans f & stabil stabilist f directory of trium (April 2000) against the first	anggan ayn gallan a man mamar y pame din nyun mener m Wessell	49 yadayan merinerinen menerat menerat derika wakalin mwa	nt integrander herstelskaarte deur in best en ha ^t in dienste fan tie en
OR.	76. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	ADDITIONAL NAME(S)/INIT	TAL(S)	SUFFIX
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This fowne equipother	COLLATERAL CHANGE: Also check one of collateral: inancing statement covers the following d or hereafter acquired by debtor(s): ment, furniture, machinery, demonstrate goods of every kind.	types (or items) of collaters	al now	RESTATE covered collater	a) IASSIGN collateral	
	vehicles, tractors, trailers, implements, inventory of every kind and any accessi					
Acco	unts, instruments, chattel paper, general	intangibles, contract rights				
	ME OF SECURED PARTY OF RECOR s an Amendment authorized by a DEBTOR, check he			y <u>one</u> narne (9a or 9b) (narn	e of Assignor, if this is an Ass	signment)
	9a ORGANIZATION'S NAME Ford Motor Credit Comp					
OR	96, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	tan daminu dada da masa 'e damuta usa da bada mtuu fida ara	ADDITIONAL NAME(S)/INI	TIAL(S)	SUFFIX
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page 2

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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11. INI	TIAL FINANCING STATEMENT FILE N	IUMBER Same as item to on Amendme	int form		
10-0	029340403				
12. NA	ME of PARTY AUTHORIZING THIS AN	MENDMENT Same as item 9 on Amendr	ment form		
	12a, ORGANIZATION'S NAME				
OR	Ford Motor Credit Company LLC				
J.,	12b. INDIVIDUAL'S SURNAME				
ļ					
1	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)				
1				THE ABOVE SPACE IS FOR	FILING OFFICE USE ONLY
12 No.	ne of DEBTOR on related financing sta	toward (Name of a surrout Dables of		· · · · · · · · · · · · · · · · · ·	and the second of the second o
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docum	ents and supporting obligations thereto	•			
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18. МЇ	SCELLANEOUS:				

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F(): I	CHV	INSTRI	JC HC	N:

A. NAME & PHONE OF CONTACT AT FILER					
Andrea Rachelle Walker 61531524	32				
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name a	nd Address)	FILING NUMBER: 15-0014032	7		
Andrea Rachelle Walker	,4 / (44)	FILING DATE: 05/06/2015 10:27 AM			
9009 Carothers Pkwy MD 610		DOCUMENT NUMBER: 605346360002			
Franklin, TN 37067		FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALLY FOR WEB FILING			
USA		THE ABOVE SPACE IS FOR FILING O	FFICE USE ONLY		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 10-0029340403	15 This PINANCING STATEMENT AMENDI Filer: <u>attach</u> Amendment Addendum (Form UCC	MENT is to be filed [for record] (or recorded) in the REAL E 3Ad) <u>and</u> provide Debtor's name in Item 13	STATE RECORDS.		
2. TERMINATION: Effectiveness of the Financing St	atement identified above is terminated with respec	t to the security interest(s) of the Secured Party authorizing	g this Termination Statement		
ASSIGNMENT (full or partial): Provide name of As- For partial assignment, complete item 7 and 9 and also indicate	affected collateral in item 8	عاد کامت بعد مشادی برای کامب به بازند که می به ویشا بهای مختصریات <u>با برای برای بازند برای می در داشت با</u>	a single and the significant area at a military proposition that a please the instruction and open secondary a		
4: V CONTINUATION: Effectiveness of the Financing additional period provided by applicable law	Statement identified above with respect to the sec	urity interest(s) of Secured Party authorizing this Continual	ion Statement is continued for the		
5PARTY INFORMATION CHANGE: Check one of these two boxes, This Change aff	The State of Second Parks	AND Obselves of these three how	an to:		
Check one of these two boxes. This Change at	ects. J. Deptor or J. J. Secured Many of	record. AND Check one of these lines box	Es to. E name: Give record name		
CHANGE name and/or address: Complete 7a or 7b and item 7c	and ite	n 7c to be d	E name: Give record name eleted in item 6a or 6b.		
6. CURRENT RECORD INFORMATION: Comple 6a. ORGANIZATION'S NAME	ete for Party information Change - provide only on	2 name (6a or 6b)	and a control of the state of t		
OR 2			SUFFIX		
SE. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
7. CHANGED OR ADDED INFORMATION: Con	nplete for Assignment or Party Information Chang	e - provide only <u>one</u> name (7a or 7b) (use exact, full name	do not omit, modify, or abbreviate any		
part of the Debtor's name) 7a ORGANIZATION'S NAME		era praka luku kusha kum dalaya kumpa tap kaga ka kusa ka usunan mana ma makara dalah ka kusha basa ka basa ka	** ***********************************		
OR 76. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
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9. NAME OF SECURED PARTY OF RECORE		Provide only one name (9a or 9b) (name of Assignor, if	his is an Assignment)		
If this is an Amendment authorized by a DEBTOR, check here a. ORGANIZATION'S NAME Ford Motor Credit Corpose		and the second s			
OR Ford Motor Credit Compa	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
10. OPTIONAL FILER REFERENCE DATA:	يستقادون والمتراج والمناصور والمناسب والمتراوية والمتراوية والمتراوية والمتراوية والمتراوية والمتراوية والمتراوية	موسية المراجعة والمعلمة في المستخدمة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة ا - المراجعة	. هند د خدسته و در مومو میسوده و در موسوده و موهند داشتند و دو و در و در و در و در و در و در و		
DD Reagor Dykes Auto Compa	my, L.P. 84603 - blanket				

ANANCING STATEMENT

LLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILE Andrea Rachelle Walker 6153152	R (optional)			
B. E-MAIL CONTACT AT FILER (optional)	.432			
c. SEND ACKNOWLEDGMENT TO: (Name Andrea Rachelle Walker 9009 Carothers Pkwy MD 610 Franklin, TN 37067 USA	and Address)	FILING DATE: 10 DOCUMENT NUN FILED: Texas Sei IMAGE GENERA	IBER: 634926610003	/ FOR WEB FILING
1. DEBTOR'S NAME - Provide only one Debtor name	e (1a or 1b) (use exact, full name; do not o	mit modify or abbreviate or	Wheet of the Dahlada	
Debtor's name will not fit in line 1b, leave all of item UCC1Ad)	1 blank, check here and provide the indi	vidual Debtor information in	item 10 of the Financing Sta	itement Addendum (Form
fa. ORGANIZATION'S NAME	والمرابعة والمستقل المستقل الم	وغسيسا معدد بادر مهمج جميد فيكسنين شديدة ويدفونها وسلامت عاد		والمراوية والموافقة فللمواجعة ومرومة ومراوعة والمراوعة والمراوعة والمراوعة والمراوعة والمراوعة والمراوعة
OR REAGOR-DYKES FLOY 15. INDIVIDUAL'S SURNAME				
TO INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1111 19th Street	Lubbock	TX	79401	TICA
2. DEBTOR'S NAME - Provide only one Debtor nam	e (2a or 2b) (use exact, full пате; do not or	nit, modify, or abbreviate ar	y part of the Debtor's name	***************************************
Debtor's name will not fit in line 2b, leave all of item : UCC1Ad) 2a. ORGANIZATION'S NAME	2 blank, check here 1 and provide the Indi	vidual Debtor information in	item 10 of the Financing Sta	etement Addendum (Form
OR 25, INDIVIDUAL'S SURNAME	wington or can be seen a more, or major, the design, much the major design, who provides the contract of	ين في الرواد و الله الله الله الله الله الله الله ال	and the second s	
;	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		}		JOOGNIKI
3. SECURED PARTY'S NAME (or NAME of ASSIGN	EE of ASSIGNOR SECURED PARTY) - P	rovide only one Secured Pa	rly name (3a or 3b)	ed an army a superior pares basel basel balance adead blumman annual.
3a, ORGANIZATION'S NAME	and the second s	<u></u>		the second secon
OR 3b. INDIVIDUAL'S SURNAME				
OF INDIVIDUAL S SORMANIE	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	J GOUNTRÝ
P.O. Box 680020 MD 610	Franklin	TN	37068	USA
4. COLLATERAL: This financing statement covers the This financing statement covers the following towned or hereafter acquired by debtor(s): Equipment, furniture, machinery, demonstratorother goods of every kind.	ypes (or items) of collateral now			1001
Motor vehicles, tractors, trailers, implements, s other inventory of every kind and any accessio	service parts/ accessories, ons thereto.			
Accounts, instruments, chattel paper, general documents and supporting obligations thereto,	intangibles, contract rights,			
Fixtures located at the above address and at a above debtor conducts business now or in the	ny other address from which the future.			
All proceeds thereof.				
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5. Check only if applicable and check only one box: Collateral Sa. Check only if applicable and check only one box:	Section 1.1. Among the Conference of the Confere	6b. Check on	tered by a Decedent's Person y if applicable and check on	onal Representative ly one box.
Public-Finance Transaction Manufactured-Ho	me Transaction A Debtor is a Transmit	ing Utilify Agriculturs	lien Non-LCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor 1 Consignee/Consigno	г I Seller/Buyer Г.Ва	ilee/Bailor Licensee/Lic	ensor

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8. OPTIONAL FILER REFERENCE DATA:

DD - Reagor-Dykes Floydada, L.P. 152739 - blankef

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Liz Watkins 615-315-6547	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Liz Watkins 9009 Carothers Parkway Franklin, TN 37067 USA	

FILING NUMBER: 14-0032742912
FILING DATE: 10/14/2014 02:57 PM
DOCUMENT NUMBER: 572500610002
FILED: Texas Secretary of State
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. DEB	FOR'S NAME - Provide only one Deblor of	name (1a or 1b) (use exact, full name; do not or orn 1 blank, check here and provide the Indiv	nit, modify, or abbrevia	te any part of the Debtor's name	e); if any part of the Individual
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OR	Reagor-Dykes Imports, 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
	LING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA
	0 82nd Street	Lubbock name (2a or 2b) (use exact, full name; do not or	TX	1	
2. DEB	TOR'S NAME - Provide only <u>one Debtor i</u>	em 2 blank, check here and provide the Indi	vidual Debtor informat	ion in item 10 of the Financing S	latement Addendum (Form
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ÖR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
2c. MA	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SEC	URED PARTY'S NAME (or NAME of ASS	SIGNEE of ASSIGNOR SECURED PARTY) - P	rovide only one Secur	ed Party name (3a or 3b)	en per 88 vez dia registia condença que esque de presenta de como en esta como en esta como en esta como en es La como en
	Ford Motor Credit Con	many LLC			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
3c, M/	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	D. Box 680020	Franklin	TN	37068-0020	USA
This to owne Equiporther other	d or hereafter acquired by debtor(s): ment, furniture, machinery, demonst goods of every kind. vehicles, tractors, trailers, implemen	ring types (or items) of collateral now trators/service vehicles, supplies and interest parts/ accessories,			
Acco	inventory of every kind and any accounts, instruments, chattel paper, gen nents and supporting obligations the	eral intangibles, contract rights,			
Fixtu		d at any other address from which the			
6a. C Pı 7. AL	neck only if applicable and check only one oblic-Finance Transaction Manufacture	llateral isheld in a Trust (see UCC1Ad, item 17 and box: ed-Home TransactionA Debtor is a Transm a):Lessee/LessorConsignee/Consignee	6b. Check litting Utility Agricu	only if applicable and check onlitural Lien Non-UCC Filing	y one box.

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Vivien C. Bradford (615) 315-3958	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Vivien C. Bradford 9009 Carothers Pkwy M.D. 610 Franklin, TN 37067 USA	

FILING NUMBER: 08-0007673445

FILING DATE: 03/04/2008 10:22 AM

DOCUMENT NUMBER: 206724890002

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
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	1a. ORGANIZATION'S NAME						
	Reagor-Dykes N	Motors, L.P.	•				
ÓR	16. INDIVIDUAL'S LAST NAME	ana a caramana na na na na na na mara na ma ma na m T	FIRST NAME MIDDLE NAME		SUFFIX		
MAILING ADDRES	i SS		CITY	STATE	POSTAL CODE	COUNTRY	
1207 South			Lamesa	TX 79331		USA	
	ADD'L DEBTOR INFO RE	11e. TYPE OF ORGANIZATION	111. ORG JURISDICTION	11g. ORG. 1D#	if anv		
Ŋ	ORGANIZATION DEBTOR	Limited Partnership	Texas	800735363 NONE		I.I.	
ADDITIONAL	DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one d	lebtor name (2a or 2b) -	do not abbre	viate or combine nam	es	
ÓR:	2a, ORGANIZATION'S NAME					SUFFIX	
	25. INDIVIDUAL'S LAST NAMI	E	FIRST NAME	MIDDLE NAME		SUPPIA	
TIME IN A PROPERTY	1		CITY	STATE	POSTAL CODE	COUNTRY	
c. MAILING ADDRES	30		MIT	DIAIE	POSIME CODE	PODNIKI	
ATAV INA COVIDA	ADD'L DEBTOR INFO RE	20. TYPE OF ORGANIZATION	21, ORG JURISDICTION	2g, ORG, ID #	 	anterior for increasing an annual	
3.1AX 1D#; SSN OR IN	ORGANIZATION DEBTOR	20. TIPE OF OROCHNIZATION	er, one surisdiction	ry, One. ID	r, a utty	NONE	
. SECURED PA	ARTY'S NAME (or NAMI	Of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only on	e secured pa	rty name (3a or 3b)	nisaaninsiaanaksi maaringa kalimba	
	3a, ORGANIZATION'S NAME	adit Common TTC	-,		•		
OR	4	edit Company LLC					
0,1	3b, INDIVIDUAL'S LAST NAM	E	FIRST NAME	MIDDLE NAME		SUFFIX	
c. MAILING ADDRE	1	······································	CITY	STATE	POSTAL CODE	COUNTRY	
	ss 0 020 Md 61 0		Franklin	TN	37068	USA	
		s the following collateral:	rigiriii.	1 1 1 7	401000	UDA	
Equipment, fu upplies and oth Motor vehicle accessories and Accounts, ins locuments and Fixtures locat	ner goods of every kind. s, tractors, trailers, imple t other inventory of every truments, chattel paper, supporting obligations th	onstrators and service vehicles, ements, service parts and vikind and any accessions thereto. general intangibles, contract rights, pereto. and at any other address from whi					

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	
LENETTA O HARRISON 615-315-3864	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
LENETTA O HARRISON 9009 Carothers Pkwy Franklin, TN 37067 USA	

FILING NUMBER: 12-00332175
FILING DATE: 10/22/2012 10:03 AM
DOCUMENT NUMBER: 449381470005
FILED: Texas Secretary of State
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a. INITIAL FINANCING STATEMENT FILE# 16.1. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.								
2. L. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.								
3. CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.								
4. ASSIGNMEN	T (full or partial): Give n	ame of assignee in item 7a or 7b	and address of a	ssignee in item 7c; and also give n	ame of assignor	in item 9.	i. 	
Also check one of the fol	5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these. Also check one of the following three boxes and provide appropriate information in Items 6 and/or 7.							
CHANGE name an and/or new addres	id/or address; Give currer s in item 7.	nt record name in item 6; also giv	e new name	DELETE name: Give record na in item 6a or 6b.	ime to be deleted	ADD name: Complete Item	7a or 75, and also item	
	S. CURRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME							
OR	66, INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
	R ADDED INFORMATION 7a ORGANIZATION'S N		Nand Person for at a section 6	inter a constituent prise son a ministrativa e notares interes a son a principal.		anna, ije jija naj sigo naspi ja pitali situri jagili jena, ji kaj na piti nari bulka i k. p		
OR	7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MAILING ADDRESS		***************************************	CITY		STATE	POSTAL CODE	COUNTRY	
7d. TAX ID#: SSN OR EIN	ADD'L DEBTOR INFO 7	e, TYPE OF ORGANIZATION	7f, ORG JURISD	ICTION	7g. ORG. ID#, if any			
8. AMENDMENT (COLLATERAL CI	HANGE): check only one box.	<u> </u>	<u>andresses and an artistic and a second and </u>	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>and the state of </u>	Andrew Property and Andrew State of the Andrew	
Describe collateral	No change deleted	or added, or give entire	estated collateral	description, or describe collateral	assigned.			
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1				or, if this is an Assignment). If this		authorized by Debtor which adds	collateral or adds the	
authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 1 and enter name of DEBTOR authorizing this amendment. Sa. ORGANIZATION'S NAME								
OR		Credit Company						
	96, INDIVIDUAL'S LAS	TNAME	FIRST NAME		MIDDLE NAME		SUFFIX	
	10. OPTIONAL FILER REFERENCE DATA							
DD-Reagon	r-Dykes Moto	ors, L.P83865				mar poores o nosciéros cominées es carres estable		

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Ford Motor Credit Company LLC 6153152432	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Ford Motor Credit Company LLC 9009 Carothers Pkwy MD 610 Franklin, TN 37067 USA	

FILING NUMBER: 17-00338686
FILING DATE: 10/05/2017 12:11 PM
DOCUMENT NUMBER: 765131150002
FILED: Texas Secretary of State

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ì	IAL FINANCING STATEMENT FILE NUMBER	This FINANCING STAT	EMENT AMENDMENT is to be	filed [for record] (or recorde	d) in the REAL ESTATE RE	CORDS.
2. T	TERMINATION: Effectiveness of the Financing S	*************		وتروي وروي والمراج ويراوي ويوساء الماهمة فمستحد وشاه ساليان		ration Statement
3	ASSIGNMENT (full or partial): Provide name of Asial assignment, complete item 7 and 9 and also indicate	ssignee in item 7a or 7b and addre				lason otatement
4 1	CONTINUATION: Effectiveness of the Financing all period provided by applicable law		espect to the security interest(s) of Secured Party authorizing	ng this Continuation Stateme	int is continued for the
5	PARTY INFORMATION CHANGE:		**************************************			,
	one of these two boxes. This Change af					
7	HANGE name and/or address: Complete a or 7b <u>and</u> item 7c		ADD name: Compand item 7c		DELETE name: to be deleted in	Give record name item 6a or 6b.
6. CU	RRENT RECORD INFORMATION: Compl 6a, ORGANIZATION'S NAME	ete for Party Information Change	provide only one name (6a or	6b) ,		in the order of the second of the second
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INIT	IAL(S)	SUFFIX
7. CH	ANGED OR ADDED INFORMATION: co	mplete for Assignment or Party In	ormation Change - provide only	y <u>one</u> name (7a or 7b) (use.	exact, full name; do not omit	modify, or abbreviate any
part of t	he Debtor's name) 7a ORGANIZATION'S NAME	dan pigan pagya Barrum, pan noa y maan da an a efausad wadouw	ar daniya estbeyin besiq i bid bid papadan, us dan dan	i dan adal Bahida ngamilangan samais pilay ani falisi kan yang agiga	ann go gá ang dilipon e ilarida d direnteños e band no der	8 ad ad 1 th har add ad fa da'r we a rangel i'h hang gandnus
OR	75. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1 1 1 1 2 2 3	ADDITIONAL NAME(S)/INIT	IAL(S)	SUFFIX
7c. MAI	LING ADDRESS	ату		STATE POSTAL	CODE	COUNTRY
9. NA	ME OF SECURED PARTY OF RECORD an Amendment authorized by a DEBTOR, check here an Amendment authorized by a DEBTOR, check here	AUTHORIZING THIS AI and provide name of author	MENDMENT': Provide only			ignment)
OR	Ford Motor Credit Compa			44-35-46-56-56-56-56-56-56-56-56-56-56-56-56-56	and the same of th	
	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INIT	TAL(S)	SUFFIX
1	PTIONAL FILER REFERENCE DATA: O Reagor-Dykes Motors, L.P.	83865	and the second second section and the second sections are second	Tinda.	Eddard Adalasa (Laborata and Mary Tagaring) (<u>Abrahandan dan bandan biranga (Abdanadan a</u>

FOLLOW INSTRUCTIONS

FILING NUMBER: 15-0020004335
FILING DATE: 06/25/2015 07:54 AM
DOCUMENT NUMBER: 612736180003
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modify, or abbreviate an	y part of the Debtor's name)	; if any part of the Individual
	A364A2-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-1444-4-144	***************************************
Reagor-Dykes Plainview, L.P. 5. INDIVIDUAL'S SURNAME ADDITIONAL NAME (S		SUFFIX
STATE	POSTAL CODE	COUNTRY
TX	79072	USA
modify, or abbreviate an	y part of the Debtor's name)	; if any part of the Individual
		ESTACONAMO, American Antonia Antonia Companyo Co
ΙΔΙΩΤΙΩΝΑΙ	NAME/SVINITIAL/SV	SUFFIX
ABBITIONAL		
STATE	POSTAL CODE	COUNTRY
011112		
do ante ana Casurad Da	du nama (2a ar 3h)	
de only <u>one</u> secured Pa	ity fiame (sa or su)	
ΔΩΩΙΤΙΩΝΔΙ	NAME/SVINITIAL/SV	SUFFIX
ADDITIONAL	E TANKE (O) ITAL INC.	
STATE	POSTAL CODE	COUNTRY
TN	37068	USA
6b. Check o	nly if applicable and check on the check of the line o	nly one box.
	ADDITIONAL STATE TX modify, or abbreviate an al Debtor information in ADDITIONAL STATE de only one Secured Pa ADDITIONAL STATE TN	modify, or abbreviate any part of the Debtor's name) at Debtor information in item 10 of the Financing State ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE de only one Secured Party name (3a or 3b) ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE TN 37068 structions) being administered by a Decedent's Personance of the postal conduction of the postal conduction of the postal code of